



**Delaware Health Care Commission
Strategic Retreat
Friday, November 16, 2018
1:00 p.m. – 4:30 p.m.
Hilton Wilmington/Christiana - 100 Continental Drive, Newark, DE 19713**

Meeting Summary and Minutes

Commission Members Present: Dr. Nancy Fan (Chair); Secretary Kara Odom Walker (Department of Health and Social Services); Theodore Becker (Mayor of Lewes); Trinidad Navarro (Department of Insurance); Dr. Jan Lee (DHIN); Bob Dunleavy (Department of Services for Children, Youth and Their Families); Rick Geisenberger (Department of Finance); Dennis Rochford (Maritime Exchange for DE River & Bay); Dr. Kathleen Matt (University of Delaware); and Richard Heffron

Commission Members Absent: Dr. Edmondo Robinson (Christiana Care Health System)

Meeting Facilitator: Devona E. G. Williams, Ph.D., President/CEO Goeins-Williams Associates, Inc.

Health Care Commission Staff: Elisabeth Scheneman, Executive Director; Kiara Cole, Community Relations Officer; Eschalla Clarke, Social Services Sr. Administrator; Latoya Wright, Management Analyst III

CALL TO ORDER

The meeting was convened at 1:08 p.m. at the Hilton Christiana by Dr. Nancy Fan, Chair, who welcomed everyone and introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) who reviewed the purpose, objectives and expected products of the meeting, agenda and ground rules. Briefly the purpose of the strategic retreat meeting was: To reach agreement on shared future direction and focus of the DHCC and achieve the following objectives:

1. Shared understanding of mission, roles and expectations of commissioners and executive staff.
2. Increase knowledge and awareness of DHCC's programs and functions.
3. Discuss current and future health trends that will require involvement of the DHCC.

4. Reach agreement on action items.

This summary is the compiled notes from discussion highlights and agreed upon action items charted by the facilitator. The action items listed after each discussion topic were next steps agreed to by commissioners.

MISSION AND CURRENT STATE REVIEW

What are our *Points of Pride* over the past year?

Brainstormed discussion and charted responses follow:

- Delaware Institute for Medical Education and Research (DIMER) and Delaware Institute for Dental Education and Research (DIDER).
- Work supporting the Marketplace, health plans and encouraging participation.
- Having a Commissioners' retreat and planning for the future.
- Delaware Health Information Network (DHIN) accomplishments and continuing to grow it.
- Suppressed the rate increase for health insurance to 3%; Delaware fared better than other states.
- Granting of SIM and lessons learned: behavioral health, value payment reform, healthy communities. The SIM grant has created the opportunity to facilitate other conversations.

Review of statutory mission and current activity

The group reviewed the Duties and Authority and activities of the Delaware Health Care Commission extracted from statute from the Delaware Code (supplemented with a full print out):

§ 9903 Duties and Authorities

- Develop pilot health access projects, consult with public and private entities, assign implementation to the appropriate state agency, and monitor and oversee program progress to ensure that each pilot program is evaluated by an outside, independent evaluator.
- Administer the Delaware Institute of Medical Education and Research (DIMER) and the Delaware Institute for Dental Education and Research (DIDER), which serve as advisory boards to the Commission.

Authorized Activities:

1. Serve as the policy body;
2. Convene, public and private stakeholders to identify, analyze and address health policy issues;
3. Foster creative thinking/problem solving across state agencies, public/private sectors;

4. Ensure that data to support the activities of the Commission are available and accessible;
5. Monitor cost trends to recommend methods to reduce and control health-care costs for public programs in conjunction with the private sector.
6. Coordinate efforts with the Health Resources Board and any other entities;
7. Review and recommend changes to state health insurance laws and regulations in conjunction with the Insurance Commissioner;
8. Coordinate and collaborate with the Delaware Health Information Network [DHIN] to assure that the use of health information technology and health information exchange results in cost effective;
9. Oversee Delaware's supply and distribution of health-care professionals to provide quality care in consultation with DIMER, DIDER and other entities;
10. Monitor access to health-care programs and make recommendations for changes where necessary;
11. Conduct activities to carry out the intent of the General Assembly.

Discussion:

- The intent of the statute and mission for the DHCC is to ensure access to high-quality affordable care for all Delawareans and foster collaboration between the public and private sectors regarding health care (all commissioners agreed).

How well does our current level of activity meet our mission?

- Some of the activities are with this purpose in mind; the DHCC rallied the General Assembly to ensure that funding continued for DIMER and DIDER.
- Standards for qualified health plans.
- Insurance partnerships.
- Promotion and enrollment of the Affordable Care Act.

Why are we unique?

- There are many health organizations in Delaware who are doing what is stated in our purpose.
- Having a mission statement would clarify our focus.
- Lost sight of activity "E1." -- being the policy body to the Governor.
- Is the DHCC a non-partisan policy body?
- The intent of the DHCC is to be a public/private body to address all aspects of healthcare affordability.
- Healthcare complexity, insurance, the role is to simplify the healthcare system.

Does the Commission make everything (related to health) work well together?

- A collaborative approach of the DHCC is based on the composition.
- The work of the commission should be non-duplicative.
- What do we need to do to be complementary to the DHSS Secretary?
- Look at health broadly and holistically and address affordability, access to

quality care and health for Delaware.

- The DHCC is unique in Delaware; we need to recognize how stakeholders have changed since its inception.
- There is a requirement for an Annual Report in the statute. The DHCC has completed annual reports in the past. Should we complete an annual report? Should we share other reports of other health entities?
- The SIM project caused us to look at complementary health services in a holistic way.

Mission Discussion Action Items:

1. Develop a new mission statement.
2. Conduct a formal orientation for all new commissioners (role, background information, structure, etc.).
3. Follow up to answer these questions: For special appointments on the commission, what are they representing? What role does the appointment from the General Assembly play? Is there a reporting requirement?
4. Complete an Annual Report.

ROLES AND EXPECTATIONS

Discussion Questions:

What is the role of the commissioners?

- The DHCC is not a governing body.
- Has an oversight role of DIMER, DIDER and Student Loan Repayment Program (SLRP).
- Provide and advise on specific health policy issues.
- Need to know health landscape and have read outs from different bodies who work on healthcare.
- Advise the Governor. Secretary of DHSS and in the General Assembly.
- Monitor healthcare landscape and functionality.
- Bring forward issues and programs that fulfill the mission.
- Be open to the public, listen, and communicate their interest.
- Current state of meetings: there is no opportunity to talk about what each commissioner does or to share current work.
- There is a need to structure meetings for regularity- a seasonal schedule and ask the public what they want. Develop and use dashboard indicators at Commission meetings.
- Conduct an annual report.

What are our mutual expectations of how we should work together with the Executive

Director, staff and Administration?

- DHSS Secretary Kara Odom Walker values feedback from the DHCC and opportunities for key policy initiatives and public engagement.
- The Commission should tell the administration and staff what they want and need to discuss.
- The Commission should be a clearinghouse on key issues, and together a schedule.
- The DHCC should want to hear about matters relating to affordability and quality of healthcare from other entities.
- Policy agendas and coordination-from the Governor's office on these matters should be brought to the Commission.
- What big things impact affordability and quality of healthcare? More action and information are needed on prevention and value based care.
- Commissioners should look at the long- game and sustainability.
- Transformative healthcare.
- Look at opportunities to get funding in and the state for transformative healthcare, model development, and engage the public. Primary opportunities are: behavioral health, opioid epidemic and primary care doctor supply.

Public Comment

Two members of the public gave comments regarding the meeting which is summarized below:

1. Hearing what other health related bodies are doing.
2. The DHCC should address health policies and cost concerns.
3. Like the idea of hearing from the work of other healthcare entities in the State and preparing an Annual Report. Support the idea of seasonality to the DHCC meeting calendar and taking a holistic view of healthcare in Delaware.

Overview of DHCC Program Structure and Highlights

Elisabeth Scheneman, Executive Director, Delaware Health Care Commission, introduced staff who were present (Eschalla Clarke, Kiara Cole and Latoya Wright) and gave a detailed overview of DHCC Program structure and boards, functions, and major activities. Commissioners discussed the importance of getting a return on the investment into DIMER and DIDER and SLRP programs and whether students who receive financial assistance return to Delaware to practice. They also questioned if these programs also impact diversity of the health care workforce. A recurring theme of this presentation is the high number of vacancies on the board with the Health Resources Board (HRB) having so few members that it is difficult to achieve a quorum for meetings. The lack of a full board also impacts decision making because members who are on the board may recuse themselves, making it difficult to take actions that require a vote. There was also discussion of the respective roles of the HRB and the Health Care Finance Advisory Council.

Action Items:

1. Create a data base of DIMER and DIDER students and graduates and determine who has remained in Delaware to practice medicine and if workforce diversity increased. Determine the return on investment of approximately \$2M in investment.
2. Determine the relationship between the HRB and the Health Care Finance Advisory Council and models from other states.
3. Fill vacancies on the boards.

CURRENT AND FUTURE HEALTH CARE GAPS AND NEEDS

Discussion:

What are the current and future health trends over the next 1-2 years that could be addressed by the Commission?

- Primary care mandate, including value-based care.
- Workforce shortages and diversity. *
- Behavioral health services especially in Sussex County (this area is already being addressed by the Behavioral Health Consortium).
- Financial sustainability of healthcare claims data base.
- Marketplace coverage and sustainability.
- Prevention.
- Catastrophic only plans-they don't cover prevention.
- Accessibility, cost and health quality in Delaware; put in place systems to measure and develop an agreed-upon methodology. *
- Review health system community needs assessments of healthcare systems for information.

**Priorities – The DHCC agreed that these are priorities to focus on in the future.*

Are the right processes in place for the DHCC to address these gaps and needs?

- Longer meetings or greater capacity is needed.
- The group agreed that the number of board members is adequate but having subcommittees for more in-depth work and bring on expertise would increase capacity and effectiveness.
- Better utilize existing board connections.
- Is there a way to share common members of DHCC and HRB to get better attendance at HRB meetings?
- Look at how we optimize processes for other boards with vacancies.

Action Items:

1. Increase effectiveness of board processes including: ad hoc committee exploration

and optimizing processes for board vacancies. (Elisabeth Scheneman, Janice Lee, and Nancy Fan will take the lead on this).

Does the current board format support our ability to address these issues? What changes are needed to be more responsive to these issues?

- Monthly meetings to our meetings are adequate.
- A seasonal calendar synchronized with the General assembly and modifying the agenda to include time for commissioners to share their initiatives and discuss current issues.
- Bring in other groups for presentations.
- A seasonal calendar might include:
 - January /February, focusing on legislative agenda
 - October/ November, focusing on open enrollment in the marketplace
 - December to focus on wrapping up the year and future planning.
- Use subcommittees and work groups to bring information and recommendations for deliberation.
- Current state of meetings: there is no opportunity to talk about what each commissioner does or to share current work.
- Develop and use dashboard indicators at Commission meetings.
- Highlight programs.
- On Benchmark- growth to be estimated by Delaware Financial Advisory Council (DFAC) and the quality side to have oversight by the DHCC.

Action Items:

1. Commissioners will send to Nancy and Elisabeth topics for agenda items and time frames for developing a meeting calendar.
2. Restructure agenda for seasonality.
3. Develop dashboard indicators.

WRAP UP AND FUTURE ACTIONS

Dr. Williams summarized the highlights of the discussions and reviewed action steps. All action steps will be compiled and sent out as a list to commissioners to discuss at future meeting to determine timetable and responsibilities.

The Commissioners agreed that the process was helpful in gaining an understanding of their purpose, roles and future direction. Dr. Fan, Chair thanked all commissioners for their participation.

The meeting was adjourned at 4:25 p.m.

Public Meeting Attendees

Lisa Goodman	Hamilton Goodman Partners (HGP)
Geoff Heath	Christiana Care Health Systems (CCHS)
Christine Schiltz	Parkowski, Guerke & Swayze
Steven Costantino	Delaware Department of Health and Social Services (DHSS)
Debbie Hamilton	Hamilton Goodman Partners (HGP)
Joanna Suder	Delaware Department of Justice (DOJ)

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